

## Application Data Sheet

### **Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Group Art Unit:: 1644  
CD-ROM or CD-R?:: None  
Sequence submission?:: None  
Computer Readable Form (CRF)?:: No  
Number of copies of CRF::  
Title:: B-7 DOMAIN-SPECIFIC ANTIBODIES  
Attorney Docket Number:: BWI-120CPADV2  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure:: 1  
Total Drawing Sheets:: 2  
Small Entity?:: Yes  
Petition included?:: No  
Licensed US Govt. Agency:: NIH  
Contract or Grant Numbers:: CA-40216 and GM46883  
Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Arlene  
Middle Name:: H.  
Family Name:: Sharpe  
City of Residence:: Brookline  
State or Province of Residence:: MA  
Country of Residence:: US

Street of mailing address:: 305 Walnut Street  
City of mailing address:: Brookline  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02445

Applicant Authority Type:: Inventor  
Status:: Full Capacity  
Given Name:: Francescopiaolo  
Family Name:: Borriello  
City of Residence:: Brookline  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 20 Perry Street, Apt. 3  
City of mailing address:: Brookline  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02146

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Gordon  
Middle Name:: J.  
Family Name:: Freeman  
City of Residence:: Brookline  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 305 Walnut Street  
City of mailing address:: Brookline  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02146

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Lee  
Middle Name:: M.  
Family Name:: Nadler  
City of Residence:: Newton  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 36 Cross Hill Road  
City of mailing address:: Newton  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02159

#### **Correspondence Information**

Correspondence Customer Number:: 00959

#### **Representative Information**

Representative Customer Number:: 00959

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	09/837867	04/17/01
09/837867	Division of	08/205697	03/02/94

#### **Assignee Information**

Assignee name:: BRIGHAM AND WOMENS HOSPITAL  
Street of mailing address:: 75 Francis Street  
City of mailing address:: Boston  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02115

Assignee name:: Dana-Farber Cancer Institute, Inc.  
Street of mailing address:: 44 Binney Street  
City of mailing address:: Boston  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02115